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NUTRITION COMMITTEE NEWS

For exchange of information on nutrition education and school lunch activities.

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THE RIGHT WEIGHT . . . FOR HEALTH

THE PROBLEM

Speaking at the National Food and Nutrition Institute held in Washington, D. C., December 8-10, Dr. W. W. Sebrell, Chief of the National Institutes of Health, suggested control of obesity as one of the objectives of nutrition programs and stated: "Obesity has replaced the vitamin deficiency diseases as the Number One nutrition problem in the United States. An estimated one-fourth of the adults in this country are obese—that is, sufficiently overweight to result in appreciable damage to health; and the incidence may reach 60 percent in older women. . . . Obesity is associated with a high incidence of diabetes, cirrhosis of the liver, cardiovascular disease, hernia, gall bladder disease, and certain forms of cancer and arthritis."

Dr. Charles Glen King, Scientific Director of the Nutrition Foundation, showed the Institute conferees how the death rates accelerate with increased body weight.

After emphasizing that obesity is invariably caused by greater intake of calories than are used by the body for energy, Dr. Norman Jolliffe, Director of the Bureau of Nutrition of the New York City Department of Health, in his paper pointed out that if the American public "never became overweight, and if overweight, reduced and stayed reduced" it would "increase life expectancy at age 25 by perhaps 3 or 4 years."

THE OUNCE OF PREVENTION

This emphasis on prevention of overweight points up the importance of establishing good food practices early in life. Habits of eating right get a good start by well-balanced meals at home and at school. To become firmly entrenched practices need to rest on understanding. Dr. King said that when young children are taught what and how much to eat for good health they will know why and how to select good meals when put on their own. The discussion group considering problems associated with obesity suggested that in teaching normal nutrition there should be information on calories as well as on protein, minerals, and vitamins.

Instruction should be progressive to meet changing food needs and ways of living. For as childhood turns to adolescence and beyond, food practices must be adjusted intelligently. The adolescent girl who finds that snacking with other teen-agers after school is adding unwanted pounds, needs to be shown how to distribute her day's food to provide for the extra meal she and her friends have added to the day's three.

Many adults, as yet satisfactory in weight, also must learn how to achieve good nutrition without adding weight . . . how to adjust food intake to lessening body demands for calories as they grow older . . . how to plan low-cost diets without including too many calories in meals . . . and how to keep within the bounds of food needs in spite of banquets and parties.

THE POUND OF CURE

Instructions for any reducing diet should include lessons on food values. "Food Values in Common Portions" (AIB-36 8 pp. 1951), issued by the Bureau of Human Nutrition and Home Economics, gives nutrients in household measures of foods. It may be secured from the Office of Information, U. S. Department of Agriculture, Washington 25, D. C.

Learning how to substitute one food for another instead of how to follow a rigid menu prevents monotony. Besides it permits the person who is reducing to keep to his diet about as easily whether he eats out or at home. Dr. Jolliffe pointed out that unless people know how to choose a diet to maintain normal weight, once they have reached it, they go back to their old habits and regain all they lost.

Dental Health Day — February 2

State Dental Societies will celebrate Children's Dental Health Day on February 2. For materials write Dr. Alan Grubell of the American Dental Association, 222 East Superior Street, Chicago 11, Illinois.

Will you let us know about dental health projects that you are carrying on?

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Why Did It Happen?

Physician Charles S. Mache, Jr., told the Georgia Nutrition Council that "to secure lasting results the first thing to be done is to determine the basic cause of eating more than body needs. The task of the physician is to seek out the cause and attempt to alleviate the emotional or habit situations which have resulted in obesity."

At a Conference on the Group Approach to Weight Control, held in June 1952 under the auspices of the U. S. Public Health Service, these conditions were listed as ones that make it hard for individuals to lose weight:

- • Preparing or cooking food.
- • Being served high-calorie meals with little or no choice of food.
- • Being a member of an ethnic or cultural group whose traditional foods are high in calories and who believe that to be big is to be strong and healthy.
- • Buying and eating too large amounts of carbohydrate foods because they are cheaper than meats, fruits, and vegetables.
- • Gaining excess weight during pregnancy.
- • Having unresolved emotional problems.

Individualized Help

Dr. D. A. Glomset, speaking at the 1952 meeting of the American Dietetic Association, describes how, as a physician, he helps a patient lose weight. He first *makes the patient want to reduce*, generally by enumerating the advantages of normal weight. Admitting that reducing is not an easy job, he gives the patient a low-calorie diet which will supply enough to eat to keep up strength. He *sets a date for a return visit* to check progress. The obese patient needs encouragement and persuasion in order to keep on the track.

The cause of obesity often comes out at the return visit. Emotional tensions may be revealed. The person may need to eat more slowly; one who eats rapidly often consumes more than needed before a feeling of satiety can take effect.

Upon successful completion of the weight reduction program, the patient is told that most of those who reduce gain all or part of their weight back within 5 years. The reduced person is *urged to continue to weigh himself at home and watch his eating habits*.

How well many patients keep to their diets depends on whether their hunger is allayed. A diet which has high satiety value and which carries the individual from one meal to another without discomfort is of special value. Dr. Charlotte M. Young at Cornell University reported that subjects on a high-protein, moderate-fat, and low-carbohydrate diet providing 1,400 calories indicated that they had not been hungry or felt excessive fatigue throughout the experiment. This diet is similar to the one developed by Dr. Margaret A. Ohlson of Michigan State College.

Dr. Ruth Leverton in her talk on reducing diets at the 1952 American Dietetic Association meeting reported some ways that help women follow a reducing diet. She suggested physical exercises, beauty treatments, and directions for improving mental hygiene to make the regimen seem more purposeful, keep the dieter busy, and prepare her for her new role as a slender lady.

She warns, however, that these accompaniments are not substitutes for a nutritious low-calorie diet. She emphasizes that reducing diets must be otherwise good nutritionally, because of the length of time individuals often stay on them.

Strength From a Group

Many people are learning to lose weight by joining with others having the same purpose. For example, a class of six Illinois farm women lost a total of 98 pounds in 4 months. The County Home Adviser helped them plan meals from foods recommended by their physicians. In class they learned about food and nutrition through booklets and movies. Rosalie Riglin in the September Farm Journal tells how the women kept up their weight-losing will power:

- • They weren't fanatic about dieting but followed their diets steadily.
- • They developed interests outside the kitchen to keep them from thinking about food so much.
- • They didn't get discouraged when pounds came off slowly.
- • They weren't diet bores—they discussed dieting only with class members and did not inflict it on their families.
- • They rested occasionally during the day while they were getting used to eating less.
- • They worked out ways of cooking and serving the family's food to make their calorie-cutting easier.

Community Weight Control Classes in Louisville

The October-November issue of Nutrition Committee News described how the Louisville (Ky.) Nutrition Committee called attention to its community weight control program. In a later report on the results of the Committee's classes on weight control, Miss Mildred E. Neff of the Kentucky State Department of Health and a member of the Committee, writes that the men and women taking the series of four weekly classes had a strong feeling of group participation and sharing, in spite of the fact that the members came from different parts of the city, had different backgrounds, and represented different races. All had been certified by their physicians as needing to lose weight.

The group requested monthly follow-up meetings for at least a year, and suggested questions and subjects they wanted discussed. Programs have included a talk by an internist on medical problems of overweight, low-calorie food demonstrations, "buzz" sessions in which the mem-

bers of the group listed their problems and difficulties and improvements they had made. Members were weighed at each meeting and periodically prizes were given to the two persons losing most weight.

Dr. John L. Llewellyn of the Louisville Heart Association in evaluating the program said:

“. . . Sincere and sustained interest must be instilled in individuals concerned to overcome their inertia. In Louisville the greatest impression was made by the statistical analysis prepared by life insurance companies of incidence of disease and life expectancy of overweight persons.

“. . . A person responds better to an individual and direct appeal to attend classes than to a general approach. The family physician is the one to suggest to his overweight patients that they take part in a weight control program for the aid, encouragement, and education which he does not have time to give.

“. . . Classes for men only might bring more men to take part in the project.

“. . . Obese persons needing it should have access to psychotherapy.”

Recommendations for Group Therapy

For many, eating is a reaction to emotional problems. When their problems are too pressing these individuals turn to food. Discussions in group meetings sometimes make it easier for people to understand why they crave food. Understanding is a step toward controlling compulsive eating.

As shown in the enclosed leaflet, “Losing Weight Together,” the group method does help some people, but it is not a universal panacea. It is worth trying and experimenting with to find out the most effective approach.

At the American Public Health Association meeting in October 1952, Dr. Malcolm J. Ford of the U. S. Public Health Service reported on the June Conference on the Group Approach to Weight Control. After discussing various types of group projects for weight control that had been sponsored by hospitals, local health departments, clinics, and universities, the members of the Conference agreed upon certain points.

1. All groups should be under medical supervision.
2. Every participant should have a statement from a physician indicating a survey of the case and approval of treatment by dietary restriction.
3. Some form of psychological screening was recommended to eliminate those who are not likely to benefit from a group experience and may hamper the progress of the rest of the group. [The School of Nutrition at Cornell is experimenting with a psychological test to see if it can screen out persons whose first needs are help with emotional problems.]
4. Weight control groups should be somewhat homo-

geneous in terms of age, background, and degree of overweight. They should be heterogeneous in terms of personality types.

5. Group sessions lasting about 1 hour held once a week for 10 to 12 weeks have proven satisfactory.

6. Group members should receive nutritional information if they have not already had such instruction. All dietary advice should be individualized to meet each patient's particular dietary and medical problems and his food customs and preferences.

7. At times a leader or other resource person may find that a short talk is the best way of giving needed information on such problems as emotional factors in obesity, effect of weight gain and loss, relation of obesity to a specific disease of concern to the members, place of exercise in a reducing regimen, and low-calorie recipes. Any talk should be given in an informal manner and the group members should feel free to interrupt with their questions. A period of free discussion is a necessary follow-up. It may help to have the meeting end with a general social get-together.

8. In selecting a group leader, personality and ability to lead a group without dominating it should be considered more important than professional background. Such a leader should call on the medical, psychological, and nutrition consultants who should be available.

As to the number of group sessions, some of the Conference members felt that a group should operate continuously although its composition would change as new members join and old ones drop out. Under this “open” method, people who are referred to the group may remain as long as they like or until the group leader believes they should be weaned away. It also provides opportunity for new members to join at any time when recommended by a hospital, clinic, or private physician. In the “closed” method which some preferred, the group is organized for a definite number of meetings to accomplish a stated aim. There seems to be a greater feeling of group-belonging with this method.

There was a difference of opinion also about whether group members should be weighed at each session. Some favored developing a sense of competition among the dieters by giving some recognition to those who lost most weight. Others felt that this was unimportant or even might be detrimental.

The Conference suggested that studies be made to (1) compare the effectiveness of group approach with individual approach; (2) develop various group methods; (3) determine how to select satisfactory group leaders; (4) find out personality traits of overweight persons.

SPREADING THE MESSAGE

To reach overweight persons with information about the danger of obesity and about food values is an accepted responsibility of many nutrition committees. To meet it they

have usually first brought themselves up to date on the latest developments through speakers or panels at their meetings. Each member is expected to carry the information back to his agency and apply it in programs where feasible. In some States committees have set up exhibits and have arranged with theaters to show movies on weight control. One of the most popular movies, "Weight Reduction Through Diet," documents the weight reduction study at Michigan State College under direction of Dr. Margaret A. Ohlson and others. This 1-reel, 16 mm. color and sound motion picture is available from Association Films, Inc., 35 W. 45th St., New York 19; 79 E. Adams St., Chicago 3; 351 Turk St., San Francisco 2; and 1915 Live Oak St., Dallas.

Scientific information on reducing diets is especially necessary to counteract the widespread dissemination of fad diets. In discussing why people so often are attracted to fads, Dr. Mary Speirs of the Georgia Experiment Station told the Georgia Nutrition Council: "Such diets often ap-

pear in generally accepted media, whose opinions people are used to accepting. People in general believe the reliability of the news in their newspaper, why not in its featured reducing diet? Women accept the styles in their fashion magazine, why not restyle their figures according to a dietary regimen prescribed between the same covers? Fad reducing diets, like most other food fads, are presented in such a convincing way that it is hard not to believe them. . . . The appeal of fad diets lies in their promise of very rapid weight loss and their use of bizarre combinations of foods or overemphasis on one or two foods. Although it is desirable to consult a physician before reducing, many people do not do so. If they find a promising-looking diet in a newspaper or magazine they use it. Therefore, it is important that diets appearing in such media, or on the radio or on television should be nutritionally adequate in themselves and not require vitamin or mineral supplementation."

NEW MATERIALS

Listing of these materials is for the information of readers and does not necessarily mean recommendation. They may be obtained from the addresses given after the name of the publication.

FOOD AND NUTRITION HANDBOOK. The American National Red Cross. 5 pp. Rev. 1952. From local chapters.

CATALOG OF SELECTED PUBLICATIONS. The American National Red Cross. Rev. 1952. Folder. From local chapters.

SURVEY OF THE LITERATURE ON DENTAL CARIES. Committee on Dental Health of the Food and Nutrition Board of the National Research Council. Pub. 225. 567 pp. 1952. From Publications Office, National Research Council, 2101 Constitution Ave., Washington 25, D. C. \$3.00.

KNOW THE POULTRY YOU BUY. Production and Marketing Administration, USDA. Color chart. 1952. Two sizes: 25 x 38" and 11 $\frac{3}{4}$ x 16 $\frac{3}{4}$ " which folds into Leaflet PA-170 containing supplemental buying guide. Both sizes free to educational agencies from Office of Information Services, PMA, USDA, Washington 25, D. C. Also from GPO—small chart 5¢ each or \$2.25 per 100, and large chart 10¢ each or \$7.50 per 100.

MAKING RADIO WORK FOR YOU. A HANDBOOK FOR EXTENSION AGENTS. Extension Service. USDA Agr. Handbook 42, 24 pp., illus. 1952. Free from Office of Information, USDA, Washington 25, D. C.

DIRECTORY OF STATE AND TERRITORIAL COMMITTEES COOPERATING WITH THE NATIONAL MIDCENTURY COMMITTEE FOR CHILDREN AND YOUTH, INC. Health Publications Institute, 216 North Dawson St., Raleigh, N.C. 75¢.

FOOD AROUND THE WORLD. E. S. Cofer. Folder. Good Living Series 18. Lesson No. 3. Single copy free from Agricultural Extension Service, Morgantown, W. Va. Additional copies 1 $\frac{1}{2}$ ¢ each or \$1.50 per 100.

MILK PROCESSING. U. S. Public Health Service. Black and white, sound film. 16 mm. 21 min. 1946. From State Health Departments or Office of Surgeon General, U. S. Public Health Service, Washington 25, D. C.

YOUR TEETH AND YOUR FOOD. Approved by Arkansas State Dental Association, Arkansas Nutrition Committee, Arkansas State Board of Health. Folder. From Division of Maternal and Child Health, Arkansas State Board of Health, Little Rock, Ark.

YOUR LIFE IN THE BALANCE. OVERWEIGHT—AMERICA'S NUMBER ONE PUBLIC HEALTH PROBLEM. 6 pp. From Bureau of Nutrition, West Virginia State Department of Health, Charleston, W. Va. Single copies free.

HOW IS YOUR NUTRITION LIBRARY? E. N. Todhunter. (Bibliography). 1952. From Dept. of Foods and Nutrition, University of Alabama, University, Ala.

CONFIDENTIALLY SPEAKING. June 1952. (Bibliography of source material on nutrition.) Margaret C. Moore, Department of Health, Civil Courts Bldg., New Orleans 7, La.